

EXHIBIT A

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES'OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brightwell Sandra
Last Name First Middle

MAILING ADDRESS 239 west 103rd street 2B
Apartment/Unit
Newyork NY 10025 NY
City State Zip Code County

SIGNATURE 
DocuSigned by:
58E5A148A69D4C8...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brimage Yvnoette
Last Name First Middle

MAILING ADDRESS 492 Schenck Ave
Apartment/Unit
Brooklyn NY 11207 Kings
City State Zip Code County

SIGNATURE 
FEBC351680FB457...

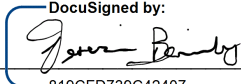
CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES'OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brinkley Jessica
Last Name First Middle

MAILING ADDRESS 361 Clifton place
Apartment/Unit
Brooklyn NY 11216 Kings
City State Zip Code County

SIGNATURE 
819CFD739C42407...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES'OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brinson Brian P
Last Name First Middle

MAILING ADDRESS 586a Macon st
Apartment/Unit
Brooklyn Ny 11233 Kings
City State Zip Code County

SIGNATURE 
DocuSigned by:
077614F2142D4C9...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brinson Shekila
Last Name First Middle

MAILING ADDRESS 995 Myrtle Avenue 4C
Apartment/Unit
Brooklyn NY 11206 Kings
City State Zip Code County

SIGNATURE 
93BD2A1CC63B422...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES'OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brissett Shaniqua
Last Name First Middle

MAILING ADDRESS 279 ocean ave Apt 5A
Apartment/Unit

Brooklyn NY 11325 Kings
City State Zip Code County

SIGNATURE 
DocuSigned by:
FBD5F4A8E29C42E...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES'OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brito Costi F
Last Name First Middle

MAILING ADDRESS 15 East Clarke place. #10D
Apartment/Unit

Bronx NY 10452 Bronx
City State Zip Code County

SIGNATURE 
DocuSigned by:
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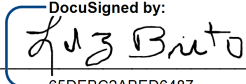
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**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brito Luz
Last Name First Middle

MAILING ADDRESS 122 Amsterdam Ave
Apartment/Unit
New York NY 10023 New York
City State Zip Code County

SIGNATURE 
65DEBC2ABED6487...

CONSENT TO SUE
REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Britton Melisa A
Last Name First Middle

MAILING ADDRESS 1154 E 86th Street
Apartment/Unit
Brooklyn New York 11236 Kings
City State Zip Code County

SIGNATURE  95FB948B5B624B8...
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CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Broadwater Crystal _____
Last Name First Middle

MAILING ADDRESS 515 Fountain Ave 2F _____
Apartment/Unit
Brooklyn NY 11208 Kings _____
City State Zip Code County

SIGNATURE  _____
3C2654B64DBE492...

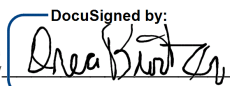
CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Broaster Drea _____
Last Name First Middle

MAILING ADDRESS 1833 Amsterdam ave _____
Apartment/Unit
New york NY 10031 Manhattan _____
City State Zip Code County

SIGNATURE  _____
DocuSigned by:
2B0A48E6139C47B...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brock Francisco Alfredo
Last Name First Middle

MAILING ADDRESS 1036 E 36th street
Apartment/Unit
Brooklyn Ny 11210 Kings
City State Zip Code County

SIGNATURE 
E280F13C47384C9...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES'OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bromberg Martin P
Last Name First Middle

MAILING ADDRESS 79 Gotham avenue
Apartment/Unit
Brooklyn Ny 11229 Kings
City State Zip Code County

SIGNATURE 
DocuSigned by:
11A2FDF3ACDA477...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bronstein Joseph _____
Last Name First Middle

MAILING ADDRESS 87 Lorraine Avenue _____
Apartment/Unit
Staten Island NY 10312 Richmond
City State Zip Code County

SIGNATURE  _____
643018F5AC674CA...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brooks Douglas A
Last Name First Middle

MAILING ADDRESS 2970 w 24 street 15p
Apartment/Unit
Brooklyn New York 11224 King
City State Zip Code County

SIGNATURE 
DocuSigned by:
A77E8FD6D45E4C2...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Autumn
Last Name First Middle

MAILING ADDRESS 485 Malcolm x blvd Apt 2i
Apartment/Unit
New York NY 10037 Manhattan
City State Zip Code County

SIGNATURE 
DocuSigned by:
68DE19C2A7AF433...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Beverly
Last Name First Middle

MAILING ADDRESS 166-05 Highland Ave Apt# 4M
Apartment/Unit
Jamaica NY 11432 Queens
City State Zip Code County

SIGNATURE 
DocuSigned by:
3DC9B21B1FB7459...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Denise N
Last Name First Middle

MAILING ADDRESS 60 Saint Nicholas Avenue 2G
Apartment/Unit
New York NY 10026 New York
City State Zip Code County

SIGNATURE 
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5962F465625240A...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
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I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Diondre
Last Name First Middle

MAILING ADDRESS 60 st.Nicholas ave.aprt.2G
Apartment/Unit
New york NY 10026 Manhattan
City State Zip Code County

SIGNATURE 
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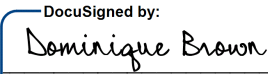
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I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Dominique
Last Name First Middle

MAILING ADDRESS 71 Nostrand Ave Apt # 1A
Apartment/Unit
Brooklyn NY 11206 KINGS
City State Zip Code County

SIGNATURE 
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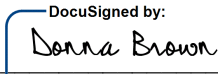
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I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Donna
Last Name First Middle

MAILING ADDRESS 1261 Schenectady Ave Apt 2C
Apartment/Unit
Brooklyn NY 11203 Kings
City State Zip Code County

SIGNATURE 
DC8D6044D1114D6...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Jorlenny L
Last Name First Middle

MAILING ADDRESS 537 herzl st. C-2
Apartment/Unit
Brooklyn NY 11212 Kings
City State Zip Code County

SIGNATURE  DocuSigned by:
79FCA29828024BE...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Michelle
Last Name First Middle

MAILING ADDRESS 95 West 119th Street Apt 5G
Apartment/Unit
New York NY 10026 New York
City State Zip Code County

SIGNATURE 
8CCEB579D2784A6...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Monique T
Last Name First Middle

MAILING ADDRESS 160 Parkside ave apt 14E
Apartment/Unit
Brooklyn N.Y 11226 Kings
City State Zip Code County

SIGNATURE 
94785ACCAAE64D3...

CONSENT TO SUE

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and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

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NAME Brown Nalvolia
Last Name First Middle

MAILING ADDRESS 1060 East 42nd Street
Apartment/Unit
Brooklyn NY 11210 Kings
City State Zip Code County

SIGNATURE 
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CONSENT TO SUE

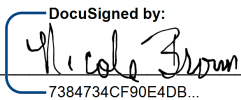
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NAME Brown Nicole A
Last Name First Middle

MAILING ADDRESS 365 Thatford Avenue 2B
Apartment/Unit

Brooklyn NY 11212 Kings
City State Zip Code County

SIGNATURE 
7384734CF90E4DB...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
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NAME Brown Nitaya M
Last Name First Middle

MAILING ADDRESS 1692 Union st. 403
Apartment/Unit
Brooklyn Ny 11213 Kings
City State Zip Code County

SIGNATURE 
DocuSigned by:
55D2C8572019423...

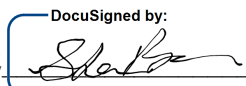
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I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Shaneen
Last Name First Middle

MAILING ADDRESS 467 Columbia Street 6D
Apartment/Unit
Brooklyn NY 11231 Kings
City State Zip Code County

SIGNATURE 
DocuSigned by:
C1FCD5485FB147A...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Shaneequa A
Last Name First Middle

MAILING ADDRESS 325 east 25th street Apt 806
Apartment/Unit
New York New York 10010 Manhattan
City State Zip Code County

SIGNATURE 
DocuSigned by:
45DA4D7C960643D...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

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NAME Brown Shaniqua M
Last Name First Middle

MAILING ADDRESS 64 W 124th Street Apt#2B
Apartment/Unit
New York NY 10027 Manhattan
City State Zip Code County

SIGNATURE  B1C98A73438841F...
DocuSigned by:
B1C98A73438841F...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
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NAME Brown Shirlena
Last Name First Middle

MAILING ADDRESS 145 03 Ferndale Ave
Apartment/Unit
Jamaica NY 11435 Queens
City State Zip Code County

SIGNATURE 
70AB7E95CBCE457...


CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Sophia
Last Name First Middle

MAILING ADDRESS 1226 Herkimer street
Apartment/Unit
Brooklyn NY 11233 Kings
City State Zip Code County

SIGNATURE 
DocuSigned by:
1D75035BFC4747F...


CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Sylvia C
Last Name First Middle

MAILING ADDRESS 1184 evergreen ave5g
Apartment/Unit
Bronx Newyork 10472 Newyork
City State Zip Code County

SIGNATURE 
DocuSigned by:
75EBFD3400A948F...

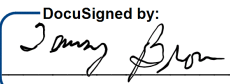
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and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Tammy O
Last Name First Middle

MAILING ADDRESS 12010 Inwood Street
Apartment/Unit
Jamaica NY 11436 Queens
City State Zip Code County

SIGNATURE 
DocuSigned by:
04456A7B0A27443...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Tia Ticsha
Last Name First Middle

MAILING ADDRESS _____
Apartment/Unit
Brooklyn Ny 11234 Kings
City State Zip Code County

SIGNATURE 
B815CEEC992A46B...


CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

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NAME Brown Tiera _____
Last Name First Middle

MAILING ADDRESS 9910 Seaview Ave Apt 3D _____
Apartment/Unit
Brooklyn NY 11236 Kings _____
City State Zip Code County

SIGNATURE  _____
DocuSigned by:
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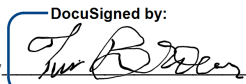
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NAME Brown Tuwana
Last Name First Middle

MAILING ADDRESS 74 west 92 street apartment 8-c
Apartment/Unit
New york Ny 10025 Manhattan
City State Zip Code County

SIGNATURE 
DocuSigned by:
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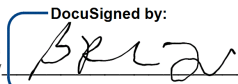
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and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Tyshia I
Last Name First Middle

MAILING ADDRESS 210N W 153 Street Apt3D
Apartment/Unit
New York NY 10039 Manhattan
City State Zip Code County

SIGNATURE 
DocuSigned by:
EA90BFF5B6D14BA...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Veronica
Last Name First Middle

MAILING ADDRESS 134-43 francis lewis boulevard
Apartment/Unit
Queens NY 11413 Queens
City State Zip Code County

SIGNATURE  387645A39592484...
DocuSigned by:

CONSENT TO SUE

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and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Duffy Regina
Last Name First Middle

MAILING ADDRESS 87 Woodruff Ave 1B
Apartment/Unit

Brooklyn N.Y. 11226 Kings
City State Zip Code County

SIGNATURE 
95E9D8D7758C406...

CONSENT TO SUE
REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Browne Cleaou Patricia
Last Name First Middle

MAILING ADDRESS 812 New Jersey Avenue
Apartment/Unit
Brooklyn New York 11207 KING
City State Zip Code County

SIGNATURE 
DocuSigned by:
535946994AFE481...

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES'OVERTIME PAY**

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NAME Browne Junior O'Brien
Last Name First Middle

MAILING ADDRESS 980 Rutland Road 2R
Apartment/Unit

Brooklyn Ny 11212 Kings
City State Zip Code County

SIGNATURE 
16C334A829E2411...

CONSENT TO SUE

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and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Browne Latoya N
Last Name First Middle

MAILING ADDRESS 53 east 131 st apt 3c
Apartment/Unit
New York Ny 10037 Manhattan
City State Zip Code County

SIGNATURE 
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CONSENT TO SUE

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and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

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NAME Brownsass Nicole
Last Name First Middle

MAILING ADDRESS 161-29 jewel ave Apt 3h
Apartment/Unit
Fresh meadows Ny 11365 Queens
City State Zip Code County

SIGNATURE 
DocuSigned by:
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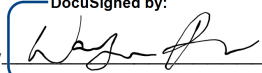
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NAME Bruce Wayne J
Last Name First Middle

MAILING ADDRESS 1838 Burnett st
Apartment/Unit
Brooklyn Ny 11229 Kings
City State Zip Code County

SIGNATURE 
DocuSigned by:
B450F49FF32C4B3...

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and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

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NAME Bruno Angel
Last Name First Middle

MAILING ADDRESS 31 Leonard Street Apt. 9C
Apartment/Unit
Brooklyn N.Y. 11206 King's
City State Zip Code County

SIGNATURE 
DocuSigned by:
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CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bruno Winston
Last Name First Middle

MAILING ADDRESS 67 Moffat street apt 2
Apartment/Unit
Brooklyn NY 11207 Kings
City State Zip Code County

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DocuSigned by:

CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES'OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brunson Deena
Last Name First Middle

MAILING ADDRESS 260 herkimer st Apt g5
Apartment/Unit

Brooklyn Ny 11216 Kings
City State Zip Code County

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CONSENT TO SUE

**REQUEST TO BECOME PARTY-PLAINTIFF – SCHOOL SAFETY AGENT LEVEL 1
and MOBILE TASK FORCE EMPLOYEES’ OVERTIME PAY**

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bryant Donna
Last Name First Middle

MAILING ADDRESS 75 W 128St. 2B
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New York NY 10027 Man
City State Zip Code County

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